



# Maternal Webinar Series:

## "Quality Improvement Using the Lens of Equity"

May 14, 2024



# Georgia Perinatal Quality Collaborative



## Vision

Better perinatal outcomes and health equity for every Georgia mother and baby.

## Mission

To engage stakeholders in implementing equitable, evidence-based perinatal care through a robust data-driven quality improvement collaborative.

THE NEXT



GEORGIA PERINATAL QUALITY COLLABORATIVE

GENERATION



## GaPQC Maternal Lectures – 2024

DATE	SUBJECT/TITLE	SPEAKER(S)
May 7, 2024	Equity, Bias, & Quality Care	Dr. Rose Horton
June 4, 2024	QI Change-Back to the Basics	Dr. Stephanie Radke
July 2, 2024	4 <sup>th</sup> Trimester Care & 3 Day Follow-up for BP Checks	Dr. Jamie L. Morgan
August 6, 2024	Pregnancy, Cardiac Conditions, and Bedside Care-Oh My!	Dr. Kathryn Lindley
September 3, 2024	It's Only Just Begun: Cardiovascular Risk Beyond Birth-Team Based Approach to Cardio-Obstetrics	Dr. Deirdre Mattina
October 2, 2024	Cardiac Care in the 4 <sup>th</sup> Trimester	Dr. Jennifer Lewey
November 5, 2024	Measuring & Communicating Blood Loss During OB Hemorrhage and the Why Behind It	Kristi T. Gabel
December 3, 2024	Cardiac Care in the 4 <sup>th</sup> Trimester through Text Messaging and Telemedicine	Dr. Monika Sanghavi
January 7, 2025	4 <sup>th</sup> Trimester Care for High-Risk Patients-Telemedicine to Reduce Re-admissions	Dr. Kathryn L. Berlacher



WELCOME



**JENNIFER BOLAND**



[Jennifer.Boland@dph.ga.gov](mailto:Jennifer.Boland@dph.ga.gov)



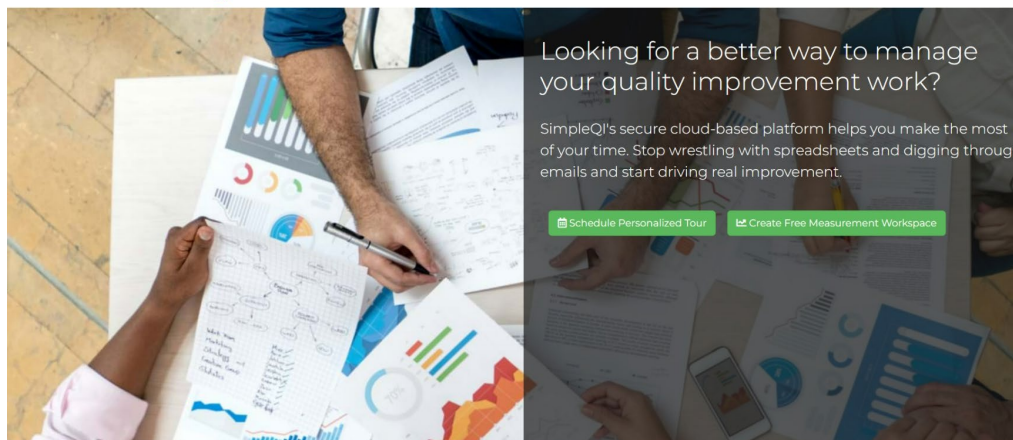
# Women's Health Clinical Liaison

- Regional Perinatal System in GA
  - Program lead
  - Support for RPC Outreach Educators and Medical Directors
- GaPQC
  - Quality Improvement Advisor
    - Assist with PDSAs
    - Coaching calls
  - Work collaboratively with hospitals involved with GaPQC to help steer QI initiatives
  - Offer support to ALL GaPQC hospitals with data submission
- Contact Information:

**Jennifer Boland, MSN, RNC-OB, C-EFM**  
**Office: 470-763-8178**  
**Email: [Jennifer.Boland@dph.ga.gov](mailto:Jennifer.Boland@dph.ga.gov)**



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Looking for a better way to manage your quality improvement work?

SimpleQI's secure cloud-based platform helps you make the most of your time. Stop wrestling with spreadsheets and digging through emails and start driving real improvement.

[Schedule Personalized Tour](#)

[Create Free Measurement Workspace](#)



### Plan & Measure Improvement

Collaboratively define drivers and change ideas that contribute to your aim. Run PDSA cycles to test your changes and theories, and chart your results.

### Streamline Measurement

Prepare, analyze, and visualize data using tools built for the sole purpose of supporting quality improvement projects.

### Increase Visibility & Collaboration

View drivers and changes that are leading you toward or away from your goals. Share activities, learnings and experiences across projects to drive engagement and results.






## Coming soon: **SIMPLEqi**

- New platform for data submission, collection, and review
- Collaborative Workspace
  - Share and work collaboratively on change ideas
- Plan to have pilot facilities test platform and offer feedback
- Will have informative and instructional webinars for users
  - Tentative date: **JULY 2024**





 Northeast Georgia Health System  
CENTER FOR SIMULATION AND INNOVATION  
675 White Sulphur Road, Building B  
Gainesville, GA 30501

## Join Us for the Obstetric Patient Safety (OPS) Workshop - 3rd Edition

### Hospitals in Georgia,

send your obstetric and emergency department staff  
for a comprehensive learning experience.

Don't miss this opportunity to improve patient safety and outcomes. Enhance  
your skills in managing obstetric emergencies through simulation and debriefing.

- Learning Outcomes:**
- Identify high-risk factors for obstetric emergencies.
  - Demonstrate effective management of pregnant and postpartum individuals during obstetric emergencies.
  - Engage in role-playing simulations with a multidisciplinary team.

Workshop Dates:	June 5	September 18 and 19
	July 25	October 24
	August 19	December 4 and 5

For Registration and Inquires Contact: Tasha Murchison at [Tasha.Murchison@nghs.com](mailto:Tasha.Murchison@nghs.com)

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Physicians, this activity was planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AffinityCE and AWHONN. AffinityCE is accredited by the ACCME to provide continuing medical education for physicians. AffinityCE designates this live activity for a maximum of 10.75 AMA PRA Category 1 Credits™. Physicians, physician assistants, and nurse practitioners should claim only the credit commensurate with the extent of their participation in the activity.

<sup>1</sup> This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$5,170,233 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government

# Maternal Updates



- Next GaPQC Maternal Webinar Tuesday, June 4<sup>th</sup> at 2:00 PM EST

Dr. Stephanie Radke, Obstetrician Gynecologist, University of Iowa

- **Data**

Q1 Jan – March – submission due by April 30<sup>th</sup>

Q2 April – June – submission due by July 31<sup>st</sup>

Q3 July –Sept. – submission due by October 31<sup>st</sup>

Q4 Oct. – Dec. – submission due by January 31<sup>st</sup>

- **AIM TAP Webinar**

**June 20<sup>th</sup>:** Reducing Perinatal Inequities through Black Feminism and Radical Imagination

Register: <https://saferbirth.org/aim-resources/events>

- **Maternal Health ECHO**

**May 15<sup>th</sup>:** HOPE for Georgia Moms: Impacting the Maternal Health Crisis

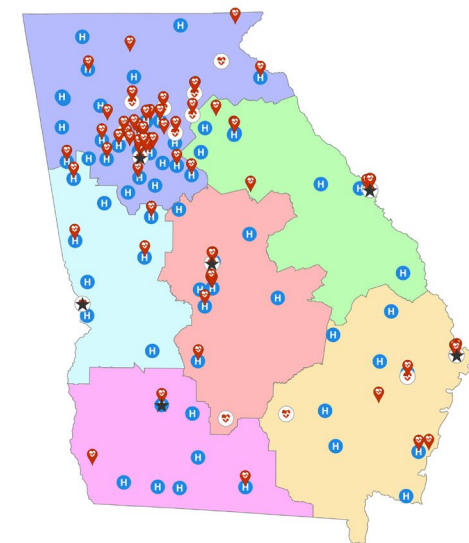
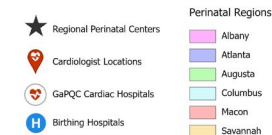
**August 21<sup>st</sup>:** Cardio-OB: Addressing Cardiac Health for women in the CSRA

# Maternal Updates Continued

- GaPQC/Georgia Maternal Task Force Symposium

Dr. Asfed Hameed (More to Come on this)

- Cardiology Referral Map
- Wave II Recruitment is Ongoing



Wave 1 – July 2022

HOSPITAL	REGION	LEVEL OF CARE
Atrium Health Navicent	Macon	III
Augusta University Medical Center	Augusta	III
Northeast GA Medical Center-Braselton	Atlanta	III
Northeast GA Medical Center-Gainesville	Atlanta	III
Grady Health System	Atlanta	III
Liberty Regional Medical Center	Savannah	I
Memorial Health University Medical Center	Savannah	III
Northside Hospital Atlanta	Atlanta	III
Northside Hospital Cherokee	Atlanta	III
Northside Hospital Forsyth	Atlanta	III
Northside Hospital Gwinnett	Atlanta	III
Wellstar Kennestone Hospital	Atlanta	III

Wave 2 - January 2024

HOSPITAL	REGION	LEVEL OF CARE
Coffee Regional	Savannah	I
Northeast GA Medical Center-Habersham	Atlanta	I
Piedmont Columbus Regional	Columbus	III
Tift Regional Medical Center	Macon	II

16 Hospitals

Cardiac Conditions Initiative  
Goal: 28 Hospitals by 2027





# Resources and Opportunities



IMPROVEMENT



QUALITY



ADVANCEMENT



CONTINUOUS



SUCCESS



IMPLEMENTATION





# Webinar Series: Using Change Packages to Support AIM Bundle Implementation



[Share](#)

**Getting Results: Stories from the field of change packages in action**

AIM Change Package Webinar Series

**Getting Results: Stories from t...**

AIM

This webinar shares case examples from hospitals and states who have used at least one of the chang...

**Getting Momentum: Out of the change package and into testing**

AIM Change Package Webinar Series

**Getting Momentum: Moving o...**

AIM

This webinar will discuss how change packages are used in clinical settings to drive improvement on the...

**Getting Focused: How to Prioritize a Path Through a Change Package**

Stephanie Radke, MD, MPH  
February 14, 2024

**Getting Focused: How to prior...**

AIM

This webinar will discuss how change packages are used in clinical settings to drive improvement, on the...

**Webinar Series: Using Change Packages to Support AIM Bundle Implementation**

January - April 2024, 2nd Wednesday of Each Month, 2-3 PM ET

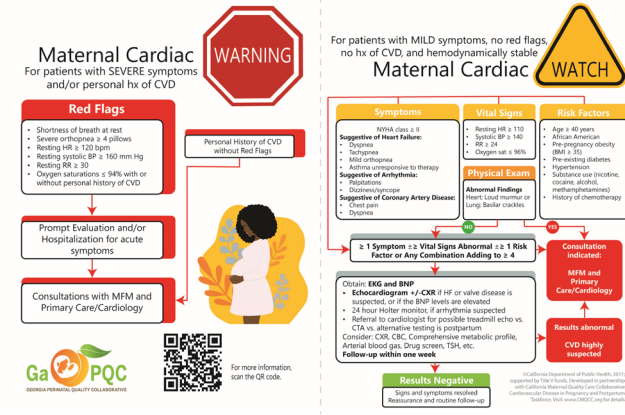
**Webinar Series Overview**  
Over the last two years, the Institute for Healthcare Improvement (IHI) has worked with the Alliance for Innovation on Maternal Health (AIM) to develop actionable change packages aligned with each [AIM Patient Safety Bundle](#). This monthly webinar series will support state and hospital teams to effectively utilize these change packages as a tool for bundle implementation. Examples from front line teams as well as state teams will be shared throughout the series. Each webinar will include a presentation followed by time for Q&A with presenters.

**Getting Started: What are cha...**

AIM

This webinar provides an overview of change packages and the elements included in them...

[Georgiapqc.org](https://Georgiapqc.org)



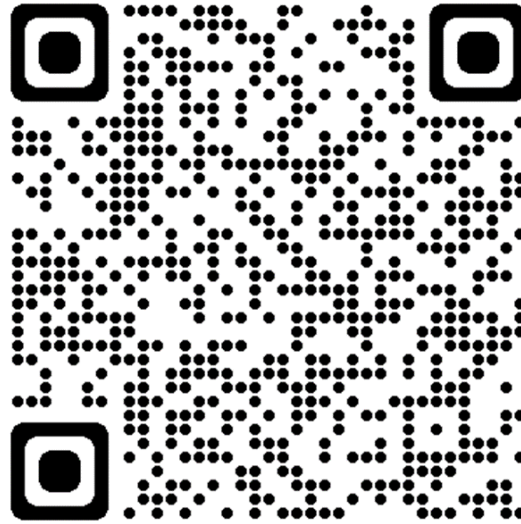
**PEACH**  
Señales de advertencia de enfermedades cardiacas durante el embarazo y el posparto

Georgia se preocupa por la salud del corazón de las personas embarazadas y en el posparto. Esté atenta a las señales de advertencia del corazón de PEACH que indican que algo puede estar muy mal.

El embarazo puede afectar la salud de su corazón hasta un año después de que termine el embarazo. No todos los médicos saben que han estado embarazada. Recuerda decir "Tuve un embarazo este último año y ahora estoy teniendo..."

Use este código QR para obtener más información sobre las señales de advertencia de la salud del corazón.

<b>P</b>	<b>alpitaciones</b> corazón latiendo demasiado rápido o saltándose latidos
<b>E</b>	<b>dema</b> hinchazón en tus manos o pies
<b>A</b>	<b>normal Respiración</b> respiración anormal; dificultad para alcanzar el aliento
<b>C</b>	<b>orazón con Dolor</b> dolor en el pecho
<b>H</b>	<b>ipertensión</b> presión arterial alta



**PEACH**  
Pregnant and Postpartum Heart Disease Warning Signs

**P**alpitaciones  
Heart beating too fast or skipping beats

**E**dema  
Swelling in your hands or feet

**A**normal Breathing  
Hard time catching your breath

**C**hest Pains

**H**igh Blood Pressure

Georgia cares about the heart health of pregnant and postpartum people. Look out for the **PEACH** heart warning signs that something might be seriously wrong.

Pregnancy can impact your heart health for up to a year after the pregnancy ends. Not all doctors will know that you were pregnant. Remember to say **"I was pregnant this past year and now I am having..."**

Use this QR code to get more information about heart health warning signs.

If you are experiencing any of these warning signs, call: \_\_\_\_\_



[www.georgiapqc.org/cardiac-education](http://www.georgiapqc.org/cardiac-education)

# AIM SMM Review Form (Revised)



- AIM recently revised the SMM review form and developed resources to support inpatient chart reviews of SMM.
- The revised materials include
  - **An SMM Review Form**
  - **Condition-specific questions to facilitate SMM chart reviews**
  - **A factors worksheet to assess in more detail factors related to the SMM event and identify opportunities for improvement**
  - **An SMM Chart Review Guide**
  - **SMM Chart Review Implementation Resource**

AIM SMM Review Form Learning Sprint – August 2024  
More Information coming soon!

# AIM PATIENT SAFETY BUNDLE LEARNING MODULES

Each course features a comprehensive overview of an AIM Patient Safety bundle and its key elements.



Course Description

Course



Learning Objectives

Post-Test



Pre-Test

Certificate

<https://saferbirth.org/psb-learning-modules>



## AIM OBSTETRIC EMERGENCY READINESS RESOURCE KIT

The AIM Obstetric Emergency Readiness Resource Kit is a collection of best practices to aid in readiness efforts to appropriately care for people experiencing obstetric emergencies in non-obstetric or lower-resources settings. This resource kit may particularly benefit those who do not typically provide obstetric services or encounter obstetric emergencies



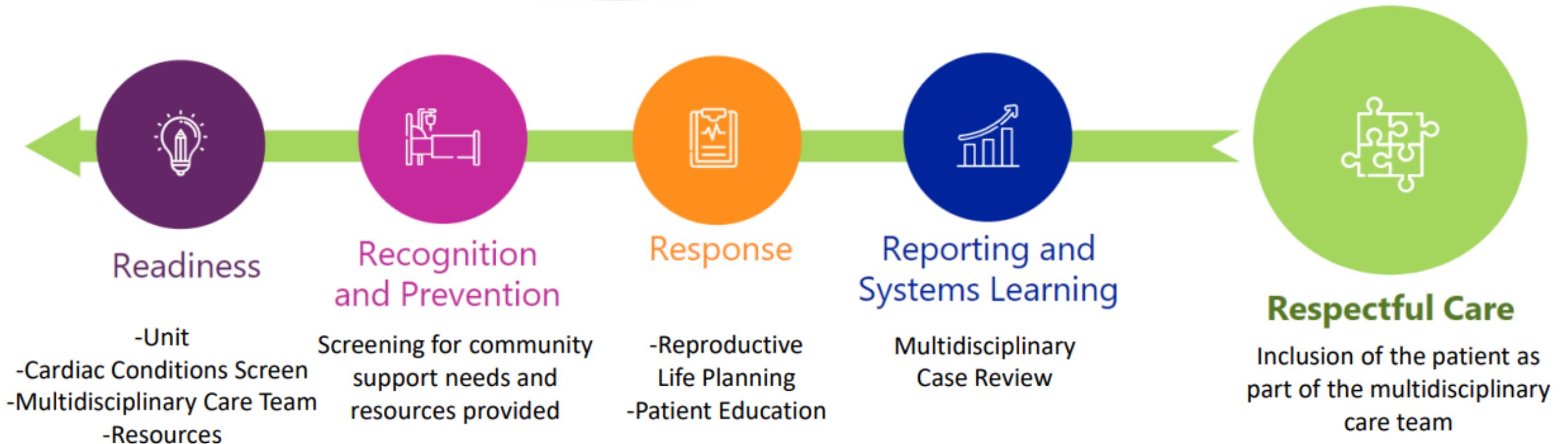
**Obstetric Emergency  
Readiness Resource Kit**

May 2023

[https://saferbirth.org/wp-content/uploads/FINAL\\_AIM\\_OERRK.pdf](https://saferbirth.org/wp-content/uploads/FINAL_AIM_OERRK.pdf)



# AIM Bundle Components



## Key Driver Diagram: Maternal Cardiac Conditions

**GOAL:** To reduce severe morbidity/mortality related to maternal cardiac conditions in Georgia.

**SMART AIM:** By 02/6/2026, **National Wear Red Day**, to reduce harm related to existing and pregnancy related cardiac conditions through the 4<sup>th</sup> trimester by **20%**

### Key Drivers

**Readiness:** EVERY UNIT - Implementation of standard processes for optimal care of cardiac conditions in pregnancy and post-partum.

**Recognition & Prevention:** EVERY PATIENT - Screening and early diagnosis of cardiac conditions in pregnancy and post-partum.

**Response:** EVERY UNIT - Care management for every pregnant or postpartum woman with cardiac conditions in pregnancy and post-partum.

**Reporting/System Learning:** EVERY UNIT - Foster a culture of safety and improvement for care of women with cardiac conditions in pregnancy and post-partum.

**Respectful, Equitable, and Supportive Care —** EVERY UNIT/PROVIDER/TEAM MEMBER - Inclusion of the patient as part of the multidisciplinary care team.

### Interventions

- ☐ Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
  - ☐ Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.
  - ☐ Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.
  - ☐ Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period. **S1**
  - ☐ Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.
  - ☐ Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care
  - ☐ Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care. \*
- 
- ☐ Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.
  - ☐ In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year. **S2**
  - ☐ Assess if escalating warning signs for an imminent cardiac event are present.
  - ☐ Utilize standardized cardiac risk assessment tools to identify and stratify risk.
  - ☐ Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.
- 
- ☐ Facility-wide standard protocols with checklists and escalation policies for management of cardiac symptoms.
  - ☐ Facility-wide standard protocols with checklists and escalation policies for management of people with known or suspected cardiac conditions.
  - ☐ Coordinate transitions of care including the discharge from the birthing facility to home and transition from postpartum care to ongoing primary and specialty care.
  - ☐ Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens. \*
  - ☐ Provide patient education focused on general life-threatening postpartum complications and early warning signs, including instructions of who to notify if they have concerns, and time and date of a scheduled postpartum visit. **S3**
- 
- ☐ For pregnant and postpartum people at high risk for a cardiac event, establish a culture of multidisciplinary planning, admission huddles and post-event debriefs.
  - ☐ Perform multidisciplinary reviews of serious complications (e.g. ICU admissions for other than observation) to identify systems issues. **S4**
  - ☐ Monitor outcomes and process data related to cardiac conditions, with disaggregation by race and ethnicity due to known disparities in rates of cardiac conditions experienced by Black and Indigenous pregnant and postpartum people. **Process Measures – 1-5**
- 
- ☐ Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.
  - ☐ Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.
  - ☐ Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team. **\*S5**

# Readiness and Recognition



**Readiness: EVERY UNIT -**  
Implementation of standard processes for optimal care of cardiac conditions in pregnancy and post-partum.

- ☐ Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
- ☐ Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.
- ☐ Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.
- ☐ **Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period. S1**
- ☐ Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.
- ☐ Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care
- ☐ Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care. \*

**Recognition & Prevention:**  
**EVERY PATIENT -** Screening and early diagnosis of cardiac conditions in pregnancy and post-partum.

- ☐ Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.
- ☐ **In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year. S2**
- ☐ Assess if escalating warning signs for an imminent cardiac event are present.
- ☐ Utilize standardized cardiac risk assessment tools to identify and stratify risk.
- ☐ Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.





# Readiness and Recognition Processes

**P1:** Standardized Pregnancy Risk Assessments for People with Cardiac Conditions

(Screen all people of childbearing age & up to 365 days PP with CVD Risk Assessment Screening Tool)

**P2:** Multidisciplinary Care Plan for Pregnant People with Cardiac Conditions

(Establish a Multidisciplinary Care Team and Cardiac Referral Network for pathway of care for pregnant or PP patients with cardiac conditions)

**P3:** OB Provider and Nursing Education – Cardiac Conditions

(Train all OB providers & nurses on signs/symptoms of Cardiac Conditions in OB)

**P4:** OB Provider & Nursing Education– Respectful and Equitable Care

(OB Provider & Nursing Education on Respectful & Equitable Care training)

**P5:** ED Provider and Nursing Education – Cardiac Conditions

(Train all ED providers & nurses on basic signs/symptoms of Cardiac Conditions in OB patients)

**S1:** Multidisciplinary Pregnancy Heart Team

**S2:** ED screening for current or recent pregnancy

(“Pregnancy Heart Team” for appropriate screening, testing, appropriate regional center for LOC, and follow up care)



#notonmywatch  
+

## ROSE L. HORTON

MSM, RNC-OB, NEA-BC, FAAN

Founder & CEO

NotOnMyWatch Consulting Partners

✉ founder@notonmywatchconsulting.com

📍 Atlanta, GA (Eastern Time Zone)

🌐 notonmywatchconsulting.com

# QUALITY IMPROVEMENT USING THE LENS OF EQUITY

Rose L. Horton, MSM, RNC-OB, NEA-BC, FAAN

**Founder & CEO**

NotOnMyWatch Consulting Partners





## OBJECTIVES

- Discuss the current state of care of the birthing community
- Define equity
- Evaluate QI tools using lens of equity
- Share best practices

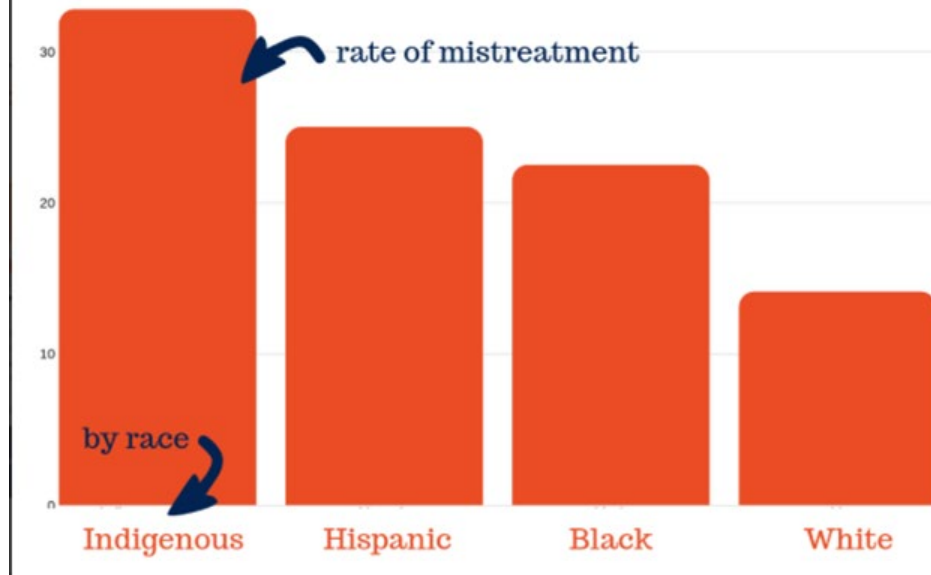
## GIVING VOICE TO MOTHERS

“Global health experts agree that  
how people are treated during  
childbirth can affect the health and  
well-being of mothers, child and  
family...”

(Vedam et al, 2019)



## MISTREATMENT IN BIRTH



### OF MISTREATMENT DURING CHILDBIRTH BY HEALTH CARE PROVIDERS

#### Being shouted at or scolding

Ignoring women, **refusing their request for help**, or failing to respond to requests for help in a reasonable amount of time

#### Violation of physical privacy

**Threatening to withhold treatment** or forcing them to accept treatment they did not want



**1 IN 6 WOMEN  
EXPERIENCE MISTREATMENT  
DURING  
CHILDBIRTH  
MOST COMMON:**

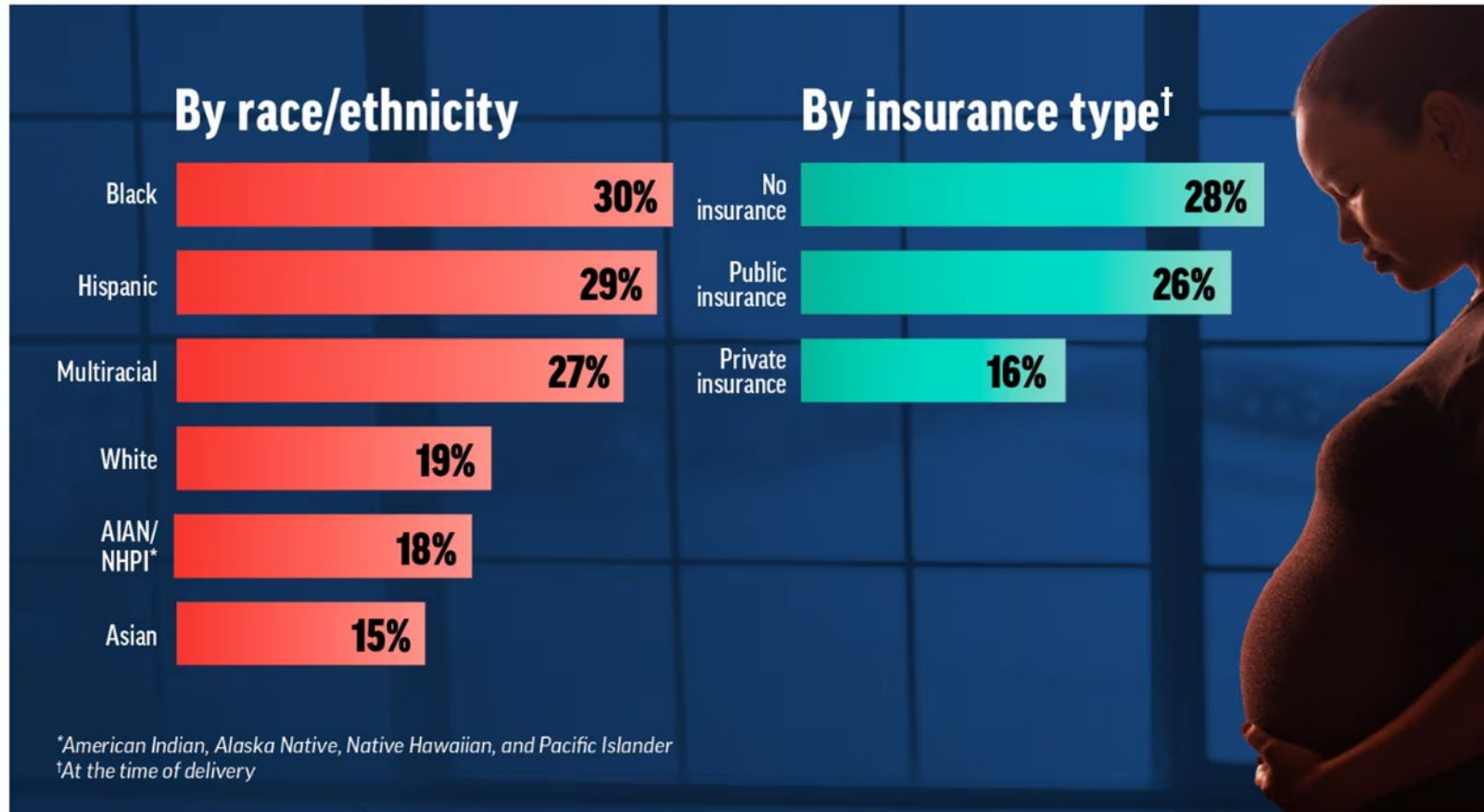
- Being shouted at or scolded by a health care provider
- Health care providers ignoring women, refusing their request for help, or failing to respond to requests for help in a reasonable amount of time



[www.birthplacelab.org/mistreatment](https://www.birthplacelab.org/mistreatment/)

## One in 5 Women Reported Mistreatment While Receiving Maternity Care

Mistreatment was reported most often by Black, Hispanic, and multiracial moms and those with public insurance or no insurance.





Vital Signs



## Many Women Report Mistreatment During Pregnancy and Delivery

Moms Deserve Respectful and Equal Maternity Care

[View All Topics](#)

Updated Sept. 29, 2023 | [Print](#)

1 in 5

About 20% of women reported mistreatment while receiving maternity care.

1 in 3

About 30% of Black, Hispanic, and multiracial women reported mistreatment.

45%

Almost half (45%) of women held back from asking questions or sharing concerns during their maternity care.

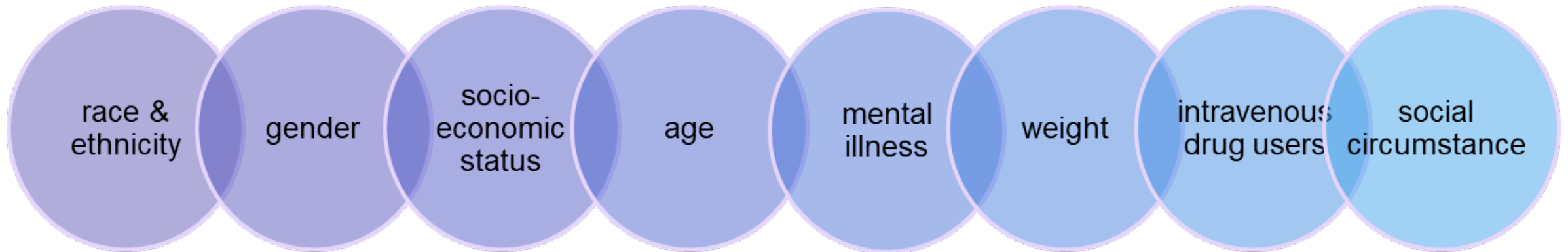


“I hated being shouted and lied to by the midwife. I never dreamed that a woman could treat a laboring woman that way. She was abusive and downright mean. I was refused food and water for 26 hours. I wasn’t allowed to move out of bed to walk around. I felt like I lost my autonomy over my own body. I had given up and I remember weeping when my son was born. I was at least glad he was safe. I felt like a child. And I felt so unlike my usual self. These professionals broke my spirit.”

*Giving Voice to Mothers, 2019*

# IMPLICIT BIAS IN HEALTHCARE PROFESSIONALS: A SYSTEMATIC REVIEW

- Almost all studies found evidence for implicit biases among **physicians** and **nurses**. Based on the available evidence, physicians and nurses manifest implicit biases to a **similar degree as the general population**. The following characteristics are at issue:



## IMPLICIT BIAS (NOUN)

Bias is the 'implicit' aspect of prejudice...(the) unconscious activation of prejudice notions about race, gender, ethnicity, age and other stereotypes that influences our judgement and decision-making capacity.

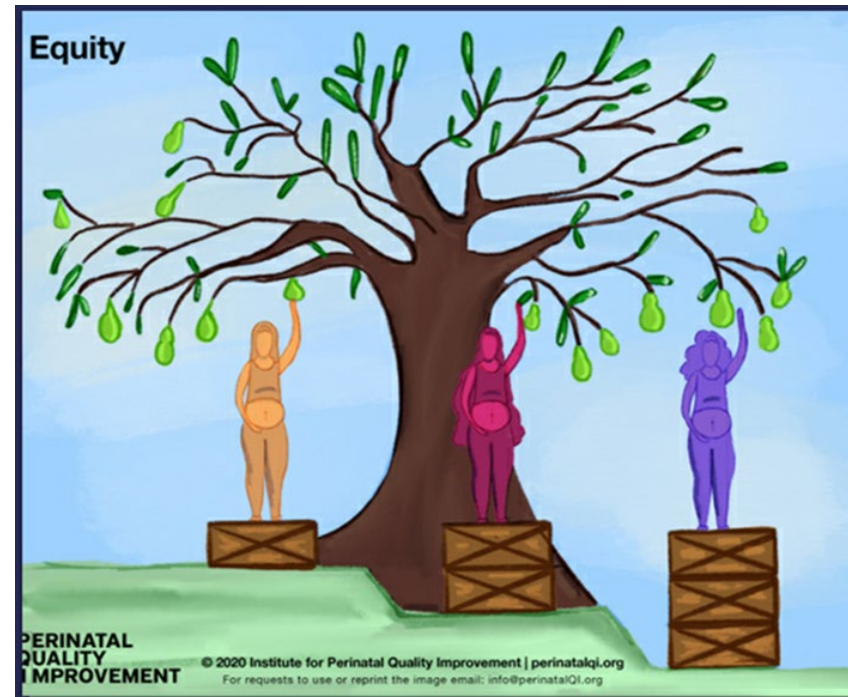
# Equality



# Equity



# EQUALITY / EQUITY





## (BIRTH) EQUITY (NOUN)

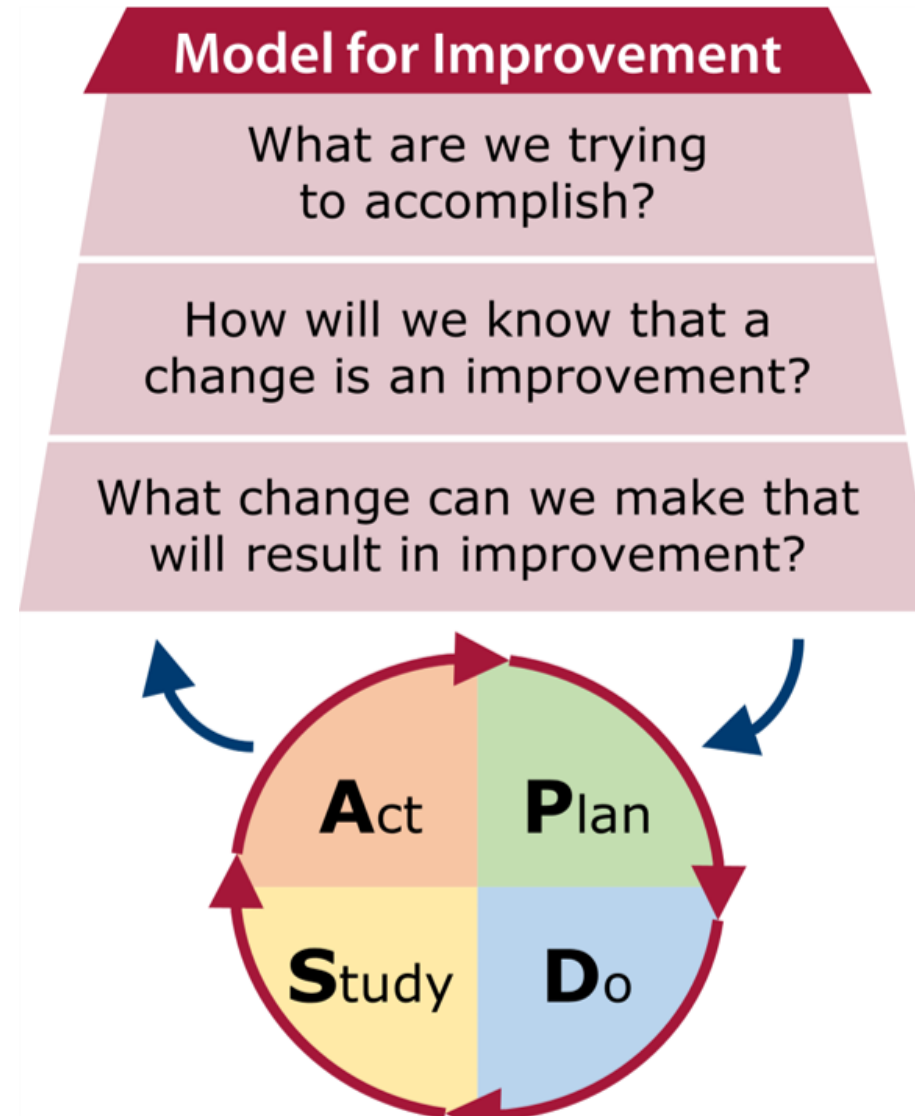
- The assurance of the conditions of **optimal** (births) for all people with a willingness to address racial and social inequities in a sustained effort.

*(Joia Crear-Perry, 2019)*



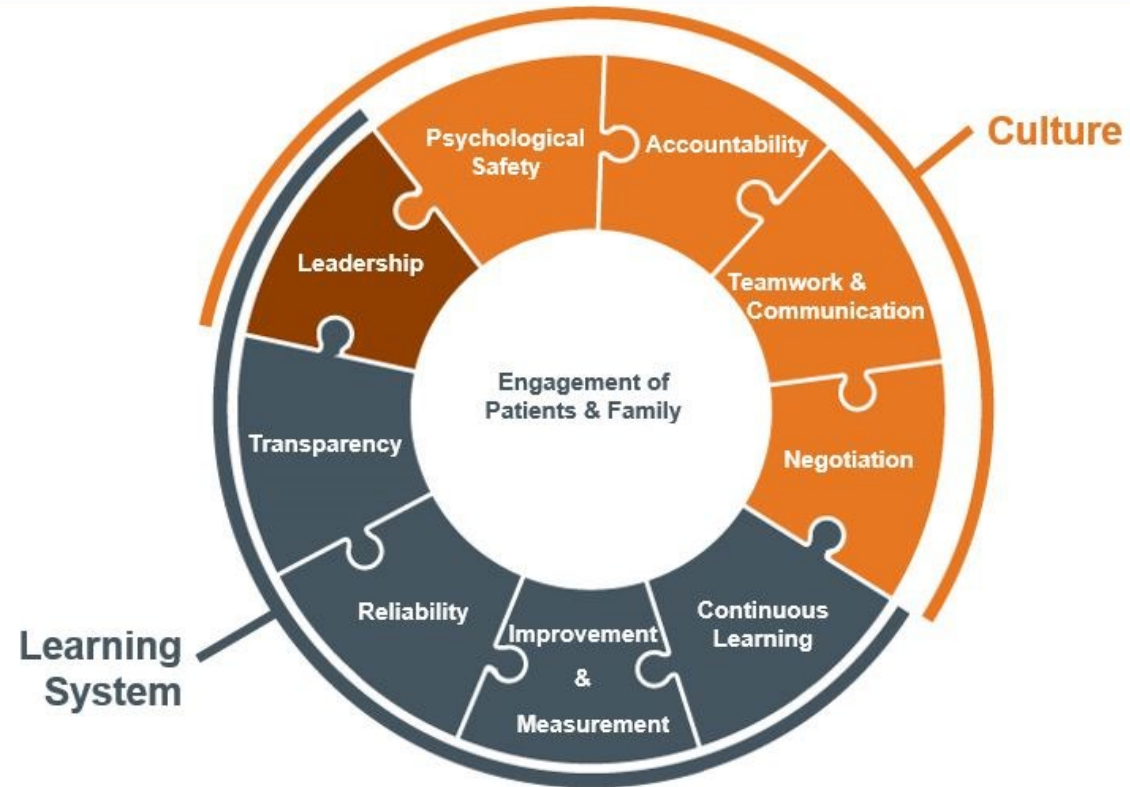
# QI TOOLS

## ■ PDCA



- Culture and the learning system
- Interrelated components
- Engagement of patients and families

## Framework for Safe, Reliable, and Effective Care



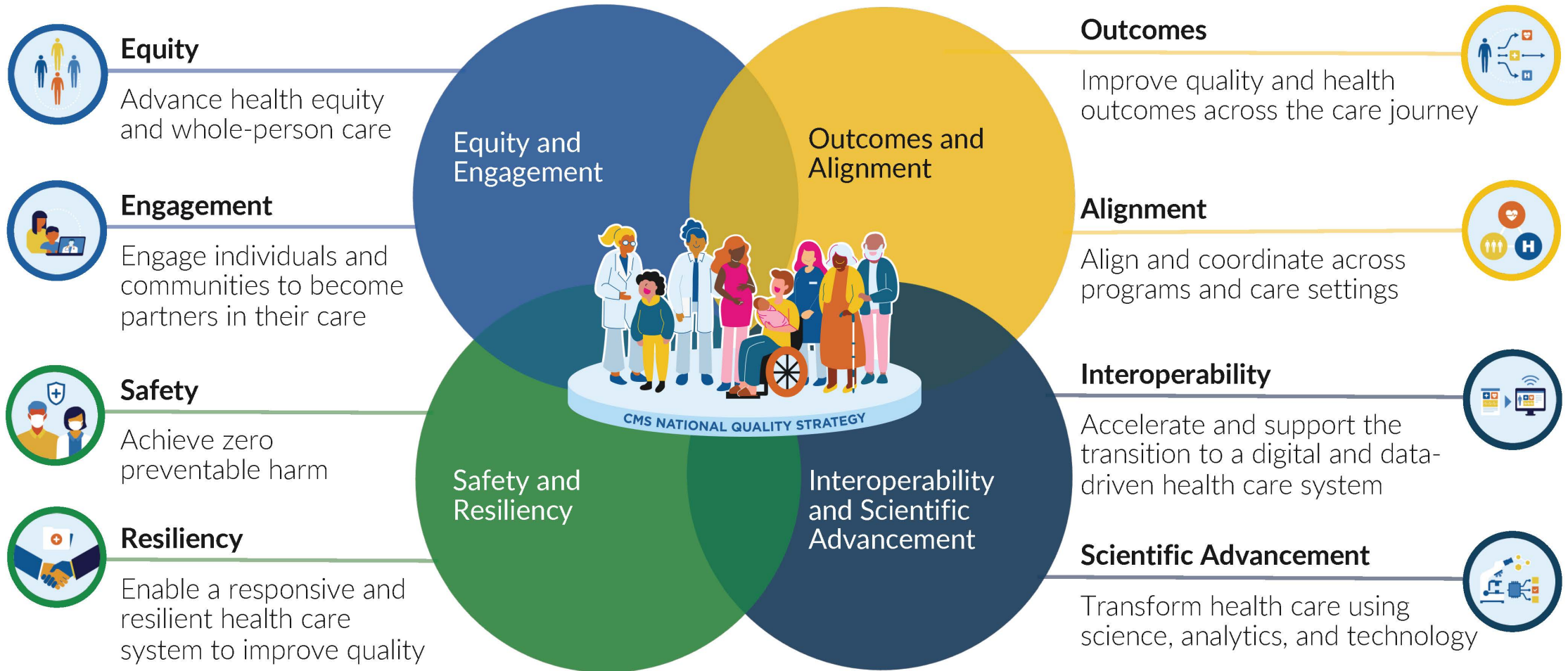
© Institute for Healthcare Improvement and Safe & Reliable Healthcare

Source: Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care*. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. (Available on [ihi.org](http://ihi.org))





# CMS National Quality Strategy Goals



# CMS Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

## STRATEGIC PILLARS



### ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system



### EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



### ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process



### DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care



### PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



### FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations

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# CMS DEFINES HEALTH EQUITY

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their **optimal** health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcome.

*(CMS, 2023)*

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## CENTER FOR CLINICAL STANDARDS & QUALITY

- Finalize health equity-focused measures in all care settings, including a measure of hospital commitment to health equity...
- Finalized a “Birthing-Friendly” hospital designation
- Directing quality improvement resources to populations identified for the greatest health disparities...
- Propose to reward excellent care for underserved populations in hospital and skilled nursing facility payment programs

*(CMS, 2023)*

# BIRTHING FRIENDLY DESIGNATION

Capture hospital maternity care quality improvements efforts as a facility characteristic, with the goal of displaying this information in a user-friendly format on the “Care Compare” website.

## **Impact:**

Enhances focus on health equity for birthing people and holds hospital leadership accountable for outcomes, as well as allows consumers to choose hospitals that have implemented improvements in birthing practices

(CMS, 2023)



PATIENT  
SAFETY  
BUNDLE

## Reduction of Peripartum Racial/Ethnic Disparities

### REPORTING & SYSTEMS LEARNING

*Every clinical unit*

- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.



*THE ETHICS OF  
PERINATAL CARE  
FOR BLACK  
WOMEN  
DISMANTLING  
THE  
STRUCTURAL  
RACISM IN  
“MOTHER  
BLAME”  
NARRATIVES*

“NURSES ARE UNIQUELY POSITIONED TO LEAD HEALTH EQUITY EFFORTS SPECIFIC TO THE RESOLUTION OF PERINATAL HEALTH DISPARITIES. THE POWER OF NURSING INCLUDING OUR CODE OF ETHICS IS ALIGNED WITH STRATEGIES, BUNDLES, AND TOOL KITS DEVELOPED TO IMPROVE PERINATAL OUTCOMES IN PARTNERSHIP WITH THE MOST IMPACTED COMMUNITIES. ETHICAL CARE OF BLACK WOMEN/PEOPLE IN THE PERINATAL, PRENATAL, POSTPARTUM, (NICU) AND PRECONCEPTION PERIODS REQUIRES A WELL-EDUCATED AND DIVERSE WORKFORCE WITH FOUNDATIONAL KNOWLEDGE OF SOCIAL DETERMINANTS OF HEALTH, HEALTH DISPARITIES, HEALTH INEQUITY, AND COMMUNITY ENGAGEMENT.”

Scott, Britton, & McLemore, 2019



#notonmywatch  
♀

Dignity & Respect

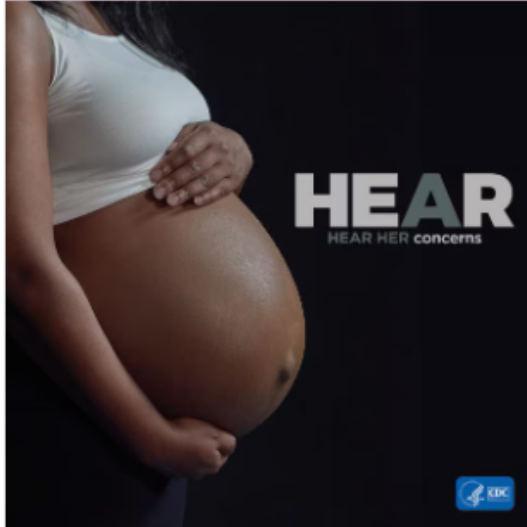
Listen to and Believe women

Shared Decision Making

Evidence Based Care

Advocate for Women & Birthing People

## Hear Her



The **Hear Her** campaign supports CDC's efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about [urgent warning signs](#).

## Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.



Learn more at  
[cdc.gov/HearHer](https://cdc.gov/HearHer)



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# STIGMATIZING LANGUAGE

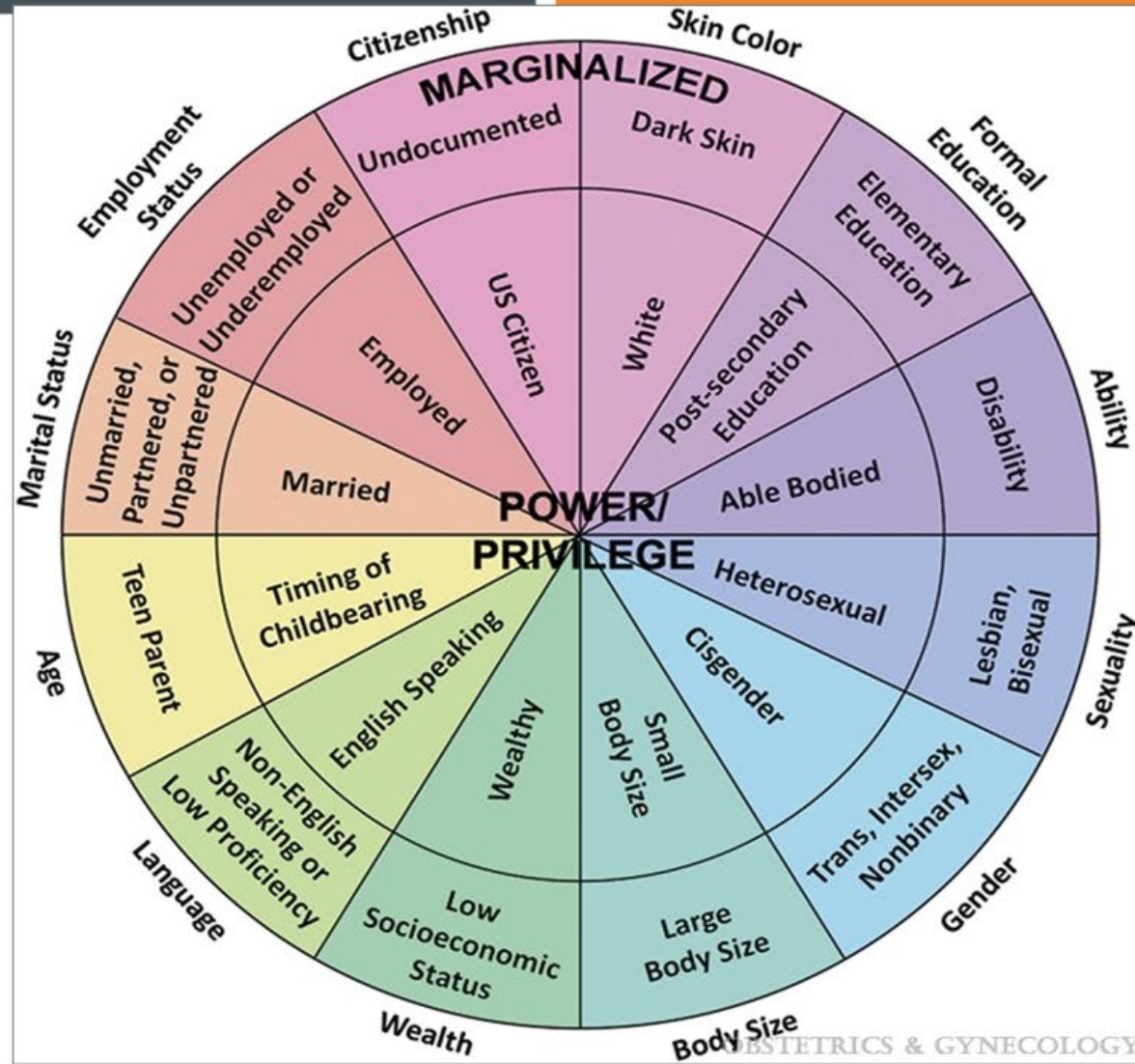
“Literature reveals that stigmatizing language can be a barrier to care and to meaningful connections with the birthing community. Understanding the association between language and clinical outcomes can be transformational.”

*(Barcelona et al, 2023)*





FIG. 1.



**The Power of Language in Hospital Care for Pregnant and Birthing People: A Vision for Change**

Barcelona, Veronica; Horton, Rose L.; Rivlin, Katherine; Harkins, Sarah; Green, Coretta; Robinson, Kenya; Aubey, Janice J.; Holman, Anita; Goffman, Dena; Haley, Shaconna; Topaz, Maxim

Obstetrics & Gynecology 142(4):795-803, October 2023.

doi: 10.1097/AOG.0000000000005333

Power wheel from the Canadian Council for Refugees, depicting power, privilege, and marginalized identities of birthing people who experience stigmatizing language documented by clinicians. Modified from Canadian Council for Refugees. Accessed September 4, 2023. <https://ccrweb.ca/en/anti-oppression>. Used with permission.

Commonly Used Stigmatizing Language	Suggested Language that Communicates Respect and Person-Centered Care
Failure to progress	State the cervical dilation and number of hours
Failed induction	State unchanged cervical examination and timeframe
Failure to descend	State unchanged fetal station and timeframe
Geriatric pregnancy or advanced maternal age	Pregnancy in a person older than age 35 y
Pregnant person “refuses” or “claims”	States, reports, opts not to
Incompetent cervix	State objective cervical measure
Inhospitable or hostile uterine environment	Atrophic uterine lining
Woman, mother, mom	Ask the individual how they want to be addressed (ie, by their name, as a parent, or as a woman)
Demographic descriptors in narrative notes (ie, age, marital status, country of origin)	Include only strength-based narrative descriptions that are relevant for care
Inclusion of race and ethnicity in narrative note	Acknowledge racism as the risk factor; race and ethnicity are not biological risk factors for adverse outcomes and should be avoided in clinical EHR narratives.
Disease-centered language	Include person-centered language
Elective abortion	Induced abortion
EHR, electronic health record.	

OBSTETRICS & GYNECOLOGY

The Power of Language in Hospital Care for Pregnant and Birthing People: A Vision for Change

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## Healthcare systems

Healthcare systems can encourage a culture of respectful, patient-centered maternity care. All healthcare staff play a role in improving patient experiences.

- Hire and keep a diverse workforce and provide [trainings](#) to all healthcare staff on unconscious bias and respectful care.
- Encourage patient communication and support through [doulas](#) [↗](#) and [midwifery models of care](#) [↗](#).
- Promote actions to improve quality with a focus on providing respectful and responsive maternity care equally.
- Engage communities to raise awareness of respectful care.



## Maternity care providers

Healthcare professionals can take steps to make patients feel respected, understood, and valued during their care. Engaging patients in their health care can lead to improvements in safety, quality, and satisfaction.

- [Listen](#) to your patients and ask questions to create trust.
- Recognize [unconscious bias](#) and improve cultural awareness in yourself and in your office.
- Address any concerns your patients may have.
- Help your patients, and those accompanying them, understand [urgent maternal warning signs](#) and when to seek medical attention right away.



## Everyone

All of us can support pregnant and postpartum women in getting the care they need.

- If you are pregnant or gave birth within the last year, it's important to talk to your healthcare provider about anything that doesn't feel right.
- Listen to the concerns of pregnant and postpartum women.
- Encourage women who are pregnant or postpartum [to seek medical help](#) if something doesn't feel right, and attend medical visits with them.
- Make sure if someone is experiencing an [urgent maternal warning sign](#), they get medical care right away.

### CDC is advancing birth equity by:

- Improving understanding of the leading causes of pregnancy-related deaths.
- Supporting state networks of teams working to improve the quality of care for mothers and babies.
- Improving communication between healthcare providers and pregnant and postpartum women and their support networks.

### Partners are advancing birth equity by:

- Making respectful care part of patient safety bundles [↗](#), which are standard approaches for use in maternity settings to ensure that every patient gets the same, high-quality care.
- Developing toolkits to promote respectful care in maternity settings.
- Providing ongoing training to maternity care teams about unconscious bias and culturally appropriate care [↗](#).
- Training providers in settings that serve communities with higher rates of pregnancy-related complications and deaths.



## IN CONCLUSION.... OR AS WE COMMIT TO USING AN EQUITY LENS

- “A rising tide lifts ALL boats.” – John F. Kennedy
- Mothers, the newborn and children represent the wellbeing of a society and its potential future. Their health needs cannot be left unmet without harming the whole of society. – Lee Jong Wook
- We are caught in an inescapable network of mutuality, tied in a single garment of destiny. What affects one directly, affects all indirectly. -Martin Luther King Jr.

# REFERENCES

- Fitzgerald, C. & Hurst, S. (2017). Implicit bias in healthcare professionals: a systemic review. BMC Medical Ethics. <https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-017-0179-8>
- <https://www.cdc.gov/hearher/index.html>
- <https://www.cms.gov/about-cms/what-we-do/cms-strategic-plan>
- <https://www.acog.org/practice-management/patient-safety-and-quality/partnerships/alliance-for-innovation-on-maternal-health-aim>
- Work to support and promote breastfeeding: <https://www.cdc.gov/breastfeeding/pdf/breastfeeding-cdcs-work-508.pdf>
- Geronimus, A.T., Hicken, M., Keene, D., Bound, J. (2006) Weathering and age patterns of allostatic load scores among Blacks and Whites in the United States. NIH
- Picheta, R. (2020). Black newborns more likely to die when looked after by White Doctors. CNN Health. <https://www.cnn.com/2020/08/18/health/black-babies-mortality-rate-doctors-study>
- Seals-Allers, K. (2020) The Black maternal mortality crisis deserves radical solutions, Refinery29 <https://www.refinery29.com/en-us/black-maternal-mortality-solutions>
- Conditions for a Brave Zone (2020) The Winters Group <https://www.wintersgroup.com/>
- Scott, K.A., Britton, L., McLemore, M. R. (2019). The ethics of perinatal care for Black women: Dismantling the structural racism in “Mother Blame” Narratives. Journal of Perinatal Nursing.
- Vedam, S., Stoll, K., Taiwo, T.K., et al. The Giving Voice to Mothers Study: inequity and mistreatment during pregnancy and childbirth in the United States. Reprod Health 16, 77 (2019)
- Williams, D.R., Cooper, L.A., (2019). Reducing racial inequities in health: Using what we already know to take action. *International Journal of Environmental Research and Public Health*.
- Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at [ihi.org](http://ihi.org))

## Let's Connect...



@HapiOBRN



@rosehorton-notonmywatch



@notonmywatchco



notonmywatchconsulting.com



info@notonmywatchconsulting.com



Rose L. Horton

MSM, RNC-OB, NEA-BC, FAAN

#notonmywatch





**Questions?**

**[gapqc@dph.ga.gov](mailto:gapqc@dph.ga.gov)**